BEST	AVAIL	ABLE	COPY
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10/001568
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								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 CYPR-CDC										Dolz	-14 M		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER TYPE OR SMALL E						
TOTAL CLAIMS			22		10 10 kg			RATE		FEE.	1 1	RATE	FEE
FOR			NUMBER	FILED NUME		ER EXTRA		BASIC FEE		370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			20 min	nus 20= *				X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			3 mi	inus 3 = *			X42=			OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+140)=		OR	+280=		
* H	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	٩L		OR	TOTAL	740
CLAIMS AS AMENDED - PART II (Column 1) 8-18-05 (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY							
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	• 20	Minus	-20				X\$ 9)=		OR	X\$18=	
ME	Independent	• 3	Minus	***	=	-		X42	-		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J	+140)= _.		OR	+280=		
									TAL	-	OR	TOTAL ADDIT: FEE	\
(Column 1) (Column 2) (Column 3)							ADDIT. F	-EE ($\overline{}$	•	ADDIT. FEET		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	EXTRA		E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*	Minus	**		=			=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***	201 4444	•	4	X42	=		OR	X84=	·
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	FUDEN	CLAIM		J	+140	_	,	OR	+280=	•
			·.		٠				TAL		ام	TOTAL ADDIT. FEE	-
	,	(Column 1)		(Colu	mn 21	(Column 3)		ADDIT. F	·ct		•	AUU! I. PEEI	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	╽╽	X\$ 9	=	•	OR	X\$18=	
	Independent	•	Minus	***		=-	↓ Ì	X42	-		OR	X84=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDEN	CLAIM		J	+140	_		OR	+280=	
t if the cetter in column 1 is less than the entry in column 2 write "0" in column 3.													

FORM PTO-875 (Rev. 8/01)

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.